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PTO/SB/17 (02-07)

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FEE TRANSMITTAL For FY 2007 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Complete if Known		
		Application Number	10/766,563	
		Filing Date	January 26, 2004	
		First Named Inventor	Darren R. Boisjolie	
		Examiner Name	H. R. Rose	
TOTAL AMOUNT OF PAYMENT (\$)		120.00	Attorney Docket No.	69448-00020USPT

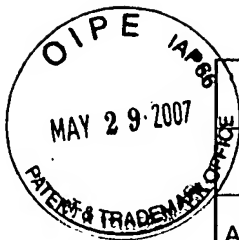
METHOD OF PAYMENT (check all that apply)	
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<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>23-2426</u> Deposit Account Name: <u>Winstead PC</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description	Fee (\$)	Small Entity Fee (\$)					
Each claim over 20 (including Reissues)	50	25					
Each independent claim over 3 (including Reissues)	200	100					
Multiple dependent claims	360	180					
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
_____ - 20 = _____	x _____	= _____		Fee (\$)	Fee Paid (\$)		
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
_____ - 3 = _____	x _____	= _____					
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
_____ - 100 = _____	/50	_____ (round up to a whole number) x _____	= _____				
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)				Fees Paid (\$)			
Other (e.g., late filing surcharge): <u>One Month Extension</u>				120.00			

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	L0067
Name (Print/Type)	Shoair A. Mithani	Telephone	(214) 745-5403
		Date	May 24, 2007

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
Dated: May 24, 2007	Signature: <u>Toni Watkins</u> (Toni Watkins)

Dallas_1\4901742\1
47015-P003US 5/24/2007



AMENDMENT TRANSMITTAL LETTER

Docket No.
69448-00020USPT

Application No.
10/766,563

Filing Date
January 26, 2004

Examiner
H. R. Rose

Art Unit
2163

Applicant(s): Darren R. Boisjolie et al.

Invention: METHOD OF PROVIDING ELECTRONIC MULTI-LAYERED FILTERING AND ACCOUNTABILITY

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	0	- 20 =	0	x 50.00	0.00
Independent Claims	0	- 3 =	0	x 200.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within one month					120.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					120.00

☒ Large Entity

☐ Small Entity

☐ No additional fee is required for this amendment.

☒ Please charge Deposit Account No. 23-2426 in the amount of \$ 120.00.
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☐ Payment by credit card. Form PTO-2038 is attached.

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☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.


Ross T. Robinson
Attorney/Agent Reg. No.: 47,031

Dated: May 24, 2007

WINSTEAD PC
P.O. Box 50784
Dallas, Texas 75201
(214) 745-5185

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(Toni Watkins)